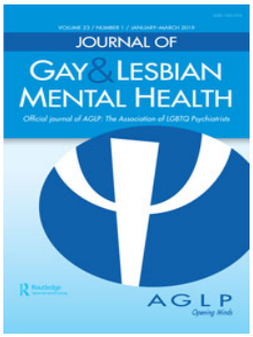

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REVIEW

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Access to health services: Barriers faced by the transgender population in India

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ABSTRACT

Objective: To critically appraise the literature characterizing unique health needs, barriers to access healthcare services and propose research as well as programmatic priorities for interventions to overcome them. **Method:** Using scoping review, we appraised peer-reviewed published studies and gray literature from three databases, PubMed, PsycINFO, and Google Scholar. The literature included a total of 67 articles met the inclusion criteria for a review. **Results:** The review highlights that transgender individuals live on the margins of society, facing stigma, discrimination, socio-economic and educational exclusion, violence, and poor health including mental health. Transgender individuals experience difficulties accessing quality healthcare services, whether general health needs or specific to their gender needs. Key barriers to access health services reported were discrimination at healthcare facilities, lack of treatment protocols, low health literacy, and poor healthcare-seeking behaviors among the transgender individuals. Other barriers include: their education, gender-based violence, socio-economic barriers, lack of health insurance, exclusion from social protection schemes, and health systems barriers. **Conclusion:** Transgender individuals in India are deprived of right to healthcare. A rights-based approach for programming and research should be prioritized to address barriers to healthcare services.

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LGBTQ; health rights; transgender population; India

Introduction

The transgender population is considered an at-risk, neglected, and marginalized gender group (Bhattacharya, 2014; United Nations Development Programme [UNDP], 2010; WHO, 2016). Numerous barriers prevent them from accessing healthcare services. The need for advancement of research to understand their unique health needs and addressing barriers to access healthcare is imperative. Although the last two decades have seen increased research on health issues of Gay, Bisexual, and Transgender and Hijra

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(GBTH) populations in India, most research is conducted in the context of HIV/AIDS and largely excludes transgender individuals' general health needs and healthcare barriers. The lack of research and resources allocated for the transgender population only perpetuates the existing misperceptions and prejudices among healthcare professionals across the globe. Moreover, transgender health outcomes and life experiences are different from others and hence warrant distinct examination. We present characteristics of transgender individuals, population size, legal status, and life of the transgender individuals to provide the context of the transgender population in India.

Characteristics of the transgender population in India

The transgender population in India is diverse with numerous gender identities and unique cultural lifestyle (UNDP, 2010; Jayadeva, 2017). A host of socio-cultural groups of transgender people exist in India, such as hijras, kinnars, and pavaiya (male to female transgender found in Northern and Western India), aravani and shiv-shaktis (male to female transgender popular in Southern India), and jogtas/jogappa (male to female transgender who are present in Maharashtra State in Western India and Karnataka State in Southern India) and they are popular cultural identities in India (UNDP, 2010; Delliswararao & Hangsing, 2018; UNDP, 2010). Entry into these cultural groups is followed by traditional rituals whereas some (especially intersex children) are usually handed over to the hijra groups by their parents (Kalra, 2012; UNDP, 2012).

In India, these socio-cultural groups are dominant but are not the only Indian transgender individuals. Many transgender individuals, especially in urban areas, identify as transman, transwoman, or transgender. Some of them prefer to make certain lifestyle changes to socially transition as transgender (e.g. change their name, attire, and gender expression), while few transgender individuals medically transition as transsexual (e.g. cross-sex hormones and gender affirmation surgery [GAS]) (Redcay & Counselman Carpenter, under review). Others who simply cross-dress occasionally are known as a transvestite (UNDP, 2010)) although this term[1] is offensive within the US context. All these individuals with indigenous gender identities are part of the umbrella term of "transgender."

Transgender population in India

It is estimated that 4.88 million of the adult Indian population (i.e. 0.04% of the total population of India) identify as transgender, and 55,000 Indian children are identified as transgender by their parents (Census,

Government of India, 2011). However, this, by all accounts, is a gross underestimation as many do not publicly accept their gender identity and some research has identified up to 5% of the population are under the transgender umbrella (Redcay et al., 2019). Remarkably, transgender individuals belonging to socio-cultural groups (hijra, kinnar, etc.), transwomen, transgender, or transsexual individuals who are part of activism are commonly visible in Indian society as many transgender individuals refuse to come out openly due to fear of ridicule and ostracism and unfortunately carry burden of dual lives (i.e. publicly fulfilling heterosexual roles and living transgender lives secretly).

Legal status of transgender in India

The Supreme Court of India passed a unique judgment in April 2014 that identified transgender is a third gender and stated that one's sexual orientation is an integral part of personality, dignity, and freedom. Lately, as a result of human rights movements and advocacy, the Government of India introduced the Rights of the Transgender Persons Bill 2016 that prohibits discrimination and criminalizes forced labor, begging, and sexual abuse of transgender people (Transgender Persons (Protection of Rights) Bill, 2016, 2018).

Life of transgender women in India

Transgender individuals or those who display cross-gender behaviors are mostly rejected by the families. Family members often pressure, threaten, or even assault their children for being gender-variant or gender expansive (UNDP, 2010, 2012). Although hijras and kinnars are culturally respected and considered holy to bless a new born, or a new house, they have poor living conditions. They are excluded from the society, denied jobs or forced to take low paying or undignified work such as begging, ceremonial collections by dancing and singing on auspicious occasions like marriages or childbirth, or sex work, and are verbally and physically abused (National Human Rights Commission, 2018).

Statement of the problem

Various studies have highlighted specific health problems of the transgender population and barriers to access healthcare services but are scattered. Understanding factors that push this vulnerable population on the extreme margin and make healthcare services far from their reach, creating significant health disparities, are essential for prioritizing research, policy, and programmatic focus in the country. The authors did not find any study that has comprehensively synthesized existing evidence to understand overall health needs and obstacles faced by transgender population in accessing

public healthcare services. Therefore, the purpose of this study is to analytically review the literature that characterizes health problems and barriers in accessing healthcare services for transgender individuals in India and to propose strategic, programmatic research and policy priorities to overcome those barriers. The present review attempts to answer the following questions from the existing literature in India.

- What are unique health needs, problems, and health-seeking behavior of transgender population in India?
- What are their experiences and obstacles availing healthcare services?

Materials and methods

A scoping review was steered using the analytic framework of the Joanna Briggs Institute (Peters et al., 2015). We appraised published studies and gray literature through three databases, PubMed, PsycINFO, and Google Scholar. Initial search was executed using a combination of the following MeSH terms: "transgender," OR "hijra," OR "transman," OR "transwoman," AND "healthcare," OR "medical service," OR "access" OR "barriers" OR "HIV treatment," OR "gender-transition care" OR "gender-mental health care" OR "hormone therapy," OR "sex-reassignment surgery,[2]" AND "policy" AND "India." The initial search yielded 2,210 records (PubMed – 1,663, Google Scholar – 144, PsychINFO – 53), of which 995 were excluded based on title review, duplicates, and studies conducted in other low- and middle-income countries. After an abstract review of the remaining 1,215 articles, 1,080 abstracts were rejected based on irrelevant data to our study, not being in English, or the full-text being unavailable. Accordingly, 135 records (PubMed – 80, Google Scholar – 55) were selected for a full-text review. Out of these, 67 records (PubMed – 43 and Google Scholar – 22) met the inclusion criteria and were included in the final analysis.

Inclusion and exclusion criteria

The studies included in the review were (quantitative and qualitative) studies, review articles, unpublished thesis, and reports highlighting various health needs of transgender population and factors affecting health-seeking behaviors and barriers to healthcare published until January 2019. We have not filtered year during our search in order to decrease the possibility of missing articles relevant to this scoping review. Conference proceedings, non-English publications were excluded as well as any studies where the full article was unable to be accessed. Quotations from the participants in

these studies are included in italics and are accompanied by the participant's gender identity.

Collate, summarize, and report the results

The extracted data from the included research studies were recorded in a spreadsheet. The spreadsheet included sections for the title of the research studies, the authors, publication year, type of article, aims and purposes, sample size, methodologies, key findings, and relevant points of information from each included publication. The data were then divided into three main areas of interest for synthesis and further analysis of the major themes and research findings: (1) healthcare problems and needs; (2) barriers to health-seeking or access to healthcare services; and (3) human right and legal issues. A further exploration of major themes and research findings appears in the Results section.

Results

The 67 articles synthesized (empirical studies, $n = 52$; review papers, $n = 6$; reports, $n = 9$) revealed unique health needs of transgender population and numerous obstacles accessing healthcare, and a few studies highlighted gaps in legal and policy provisions. Most of the intervention and evaluation studies (37) were conducted in cities like Bengaluru, Mumbai, Chennai, Delhi, Hyderabad, Imphal, Kolkata, Pune, and Vadodara. Sentinel surveillance conducted by the Department of AIDS Control, Government of India included 18 sites (in major cities) across the country while few studies (4) did not reveal study locations. Studies were classified into three main areas: health services (50), barriers to health-seeking or access to healthcare services (11), and human rights and legal issues (6). Most participants of these studies were trans-women, transgender, or indigenous identities like hijra and kinnar and only one study (Bhattacharya, 2014) focused on trans-men's experiences of marginalization and violence.

Health needs of transgender individuals

Studies related to health were further classified into three areas: sexual health (25), mental health and substance use (18), gender-transition services (4), and other health problems (2). Most sexual health-related studies had focused on prevalence of HIV/STIs, access to HIV testing, HIV treatment services (anti-retroviral therapy), and pre-exposure prophylaxis. Substantial studies have explored mental health and substance use. Four studies highlighted available gender-transition services and practices adopted by the transgender community. Other studies included were on oral health (2).

Available public healthcare services recorded in these studies are HIV prevention and treatment services (HIV testing, sexually transmitted infection clinics, anti-retroviral treatment center), general healthcare at district hospitals, and gender-transition services in selected government hospitals in India. Highly sought-after private healthcare providers include non-registered general practitioners and registered general practitioners. Other private practitioners who are rarely consulted are psychiatrists, endocrinologists, dermatologists, and plastic surgeons.

Over the past two decades, the empirical body of research in India has grown steadily, documenting substantial disparities in HIV (Ganju & Saggurti, 2017; Goswami et al., 2013; Krishan et al., 2018; National AIDS Control Organization, 2017; Piña et al., 2018; Ramanathan et al., 2014; Saggurti et al., 2013; Sahastrabuddhe et al., 2012; Saravanamurthy et al., 2010; Setia et al., 2006; Shaikh et al., 2016; Sinha et al., 2017; UNDP, 2010; Willie et al., 2017; Woodford et al., 2016), substance use, and various negative mental health outcomes in transgender people (Budania, 2012; Chakrapani et al., 2017; Hebbar & Singh, 2017; Humsafar Trust, 2012; Jayadeva, 2017; Majumder & Sanyal, 2017; Nakkeeran & Nakkeeran, 2018; Ravi, 2011; Shivakumar & Yadiyurshetty, 2014; UNDP, 2012; Virupaksha, 2013; Virupaksha et al., 2016). Regarding sexual health, the prevalence of HIV among the Indian transgender population is the second highest (3.14%, 95%CI: 2.61–3.66) across all most-at-risk population groups (i.e. injecting drug users, female sex workers, and men who have sex with men) and higher than the national average (0.26%) (National AIDS Control Organization, 2017), resulting in the majority of LGBT health research concentrated around HIV/AIDS.

A cross-sectional study of 50 transgender persons in Mumbai showed that 48% of hijra participants suffered from psychiatric disorders ranging from alcohol abuse and dependence to depressive spectrum disorders, and 84% of the study participants met the criteria for gender identity disorder prescribed in DSM-IV-TR (Kalra & Shah, 2013). Self-harm as well as suicidal behavior is extremely common amongst transgender persons as a consequence of poor mental health. In India, 31% of transgender persons end their lives by committing suicide while 50% of them have attempted suicide at least once before the age of 20 (Budania, 2012). Psychological distress caused by low self-esteem, emotional fatigue, gender dysphoria, bullying, and victimization, as well as concerns regarding physical conditions such as sexually transmitted diseases, are potential causes of suicidal behavior (Reni, 2010; Virupaksha, 2013). The psychological autopsy of suicides among transgender persons by Virupaksha, Muralidhar, and Ramakrishna in 2016 revealed that factors such as the end of a relationship (64.3%), serious altercations with family members (14.3%), refusal of gender/sex reassignment by family members (9.5%), financial problems (9.5%), and being recently diagnosed as HIV positive (2.4%) triggered

suicide (Virupaksha et al., 2016). Kalra and Shah reported in their study that despite the presence of psychiatric disorders, none of the transgender persons ever had psychiatric consultation for these issues (Kalra & Shah, 2013). Stigma and the perceived attitude of health professionals make seeking professional help not viable for many transgender individuals (Goyal et al., 2014).

Substance use such as alcohol and tobacco have been reported very high among transgender population (Chakrapani et al., 2017; Goyal et al., 2014; Muralidharan et al., 2018; Samuel et al., 2018). These studies have emphasized the need for screening transgender individuals for substance use for early detection and its treatment. Other health problems explored were gender-transition-specific healthcare needs. Four studies (Gupta & Murarka, 2009; Karia et al., 2016; Shah et al., 2019; Singh et al., 2014) were related to gender-transition services in India. One study (Singh et al., 2014) explored the availability of a range of gender-transition services and barriers accessing them. A study conducted by Karia et al. (2016) indicated that transgender individuals with gender dysphoria have minimal psychopathology. Shah et al. (2019) discussed peri-operative anesthetic concerns while Gupta and Murarka (2009) expressed concerns of surgeons operating sex-change surgeries such as consent for the procedure and safeguarding the surgeon or the gender team from future litigation. Studies reported lack of free gender-transition services in public hospitals in India. For example, only one public hospital in Chennai offers GAS limited to removal of male genitalia and creation of a vagina (Singh et al., 2014). Other public hospitals, one in Mumbai and Vadodara and a semiautonomous government hospital in Delhi, provide GAS on an ad hoc basis and part costs for GAS need to be borne by the patients (Gupta & Murarka, 2009; Singh et al., 2014).

Numerous studies on transgender health have highlighted health problems. However, significant research gaps exist in the areas of diseases like diabetes, hypertension, heart diseases, and tuberculosis. Advocacy organizations play a critical role in drawing attention to a range of health concerns faced by transgender individuals (Human Rights Law Network - HRLN, 2018; UNDP, 2010), but at the same time, scientific knowledge on implementation and health equity can help narrow the gap in healthcare access.

Barriers to healthcare services

Transgender individuals in India face discrimination across healthcare settings. Barriers in accessing HIV testing, anti-retroviral treatment, and sexual health services have been well documented. An estimated 20% of the transgender population in India has unmet transgender-specific healthcare needs (Saraswathi & Praveen, 2015).

Psycho-social factors affecting health status of transgender individuals

Transgender individuals' multiple marginalized social identities engender pervasive stigma and violence, reinforce social inequities in terms of economic and housing insecurity, employment discrimination, and poverty (Ganju & Saggurti, 2017), and endure targeted discrimination. This creates vulnerabilities to health problems at multiple levels and influences transgender individuals' healthcare decision-making (Romanelli et al., 2018), breeding both health inequality and disparity.

Transgender individuals who express their identity at an early age begin to develop emotional instability (Ortiz, 2016). Most transgender individuals, especially youth, face great challenges in coming to terms with one's own gender identity and gender expression which is opposite to the gender role imposed by the society. Most families reject children who display cross-gender behavior. Family members often pressure, threaten, or even assault their children for being gender-variant or gender expansive (UNDP, 2010).

Transgender individuals face several issues such as shame, fear, and internalized transphobia; disclosure and coming out; adjusting, adapting to social pressure to conform; fear of relationships or loss of relationships; and self-imposed limitations on expression and their aspirations (Bhattacharya, 2019; Chakrapani et al., 2011, 2019; Ghosh et al., 2011; Ming et al., 2016; Shaikh et al., 2016; Shivakumar & Yadiyurshetty, 2014; Virupaksha, 2013; Woodford et al., 2016). These psychological factors influence their risk-perception and ultimately health-seeking behavior.

At a societal level, negative attitude, stigma, and discrimination affect their access to education, hence health literacy among transgender individuals remains poor (Rajkumar, 2016). Low health literacy combined with social exclusion and financial constraints adversely affects their health-seeking behavior. This is linked to lower education levels as well (Rajkumar, 2016). A study conducted by Gupta and Sivakami (2016) reported that 61% of the study population had common illness in the last six months whereas about 41% had chronic illness in the last one year. Unfortunately, very few (30%) availed government or private healthcare services, nearly half of them (41%) had taken medicines from a pharmacist, and 27% consulted a traditional healer.

Violence, stigma, and discrimination

Transgender individuals are stigmatized and discriminated in the society. Negative attitudes toward transgender individuals perpetuate violence (Peoples' Union for Civil Liberties, Karnataka, 2003). The first-ever Indian survey conducted by the National Human Rights Commission (NHRC) revealed that some parents disown and evict their child for crossing the prescribed societal gender expectations, while some children run away (National Human Rights Commission, 2018). Violence can prompt or

aggravate depression, anxiety, self-harm, and suicidal behavior among transgender people, which hinders transgender individuals seeking healthcare and, if on treatment, negatively impact treatment adherence. Studies indicate that violence, stigma, and discrimination significantly contribute to the vulnerability of HIV, mental illness, and substance use (Agoramoorthy & Hsu, 2015; Chakrapani et al., 2004, 2019; Dutta et al., 2014, 2019; Ganju & Saggurti, 2017; Ghosh et al., 2011; Thaker et al., 2018).

History of criminalization and associated violence forces transgender individuals to hide illness and increase the possibility of seeking care from informal private providers and pharmacists (Bowling et al., 2016, 2018; Gupta & Sivakami, 2016; Ortiz, 2016; Singh et al., 2012). Furthermore, social distance from the health system, lack of knowledge about government health facilities and health insurance, and stigma make healthcare services inaccessible (Gupta & Sivakami, 2016; Ortiz, 2016).

Socio-economic exclusion

Economic marginalization of the transgender community has 20%–30% of transgender populations in India engaging in begging, collecting money by dancing and offering blessings during occasions such as marriage or birth in the family, or sex work as their primary occupations, preventing access to healthcare services due to stigma and discrimination (UNDP, 2012). Patterns of social, economic, and political exclusion increase transgender individuals' health risks, subsequently affecting their health outcomes (Ortiz, 2016; Sridevi & Veena, 2011).

Stigma and discrimination amongst healthcare providers

Transgender individuals commonly face discrimination in the healthcare system and in hospitals and clinics. This includes deliberate use of male pronouns in addressing transgender women and the use of female pronouns when addressing transgender men; admitting patients into wards that do not correlate to their gender identity; verbal harassment by hospital staff and co-patients; insensitive and rough handling by staff; and healthcare providers untrained in the needs and medical treatment of transgender individuals (Delliswararao & Hangsing, 2018; Kalra & Shah, 2013; Soumya, 2014; Thomas, 2013; UNDP, 2010). They are sometimes denied medical services (Ming et al., 2016), and it is well-documented that transgender, sex work, or HIV status, or any combination of these, often results in discrimination (UNDP, 2010). Discrimination has led to transgender individuals being denied healthcare or receiving low-quality care. Transgender individuals have reported verbal harassment, negligence, and blame for their current health status by providers. They have experienced providers' refusal to touch them,

physical assault, and rough physical exams (Beattie et al., 2012; Chakrapani et al., 2011; Gupta & Sivakami, 2016; Sharma-Sogani & Baba, 2018). For example, Anushri Banerjee (pseudonym), a transgender woman gang-raped by three men and seeking treatment at a public hospital in Kolkata, was refused medical treatment, even the anti-HIV medicine routinely prescribed for rape victims. Another transgender individual (Hijra) disclosed, "we end up feeling embarrassed about ourselves after visiting hospitals. Treatments are cursory. Sometimes doctors prescribe medicines without even examining us" (Soumya, 2014). Experiencing bias and misperception within the health system only perpetuates the negative health impact caused by direct harm, lack of appropriate care, or a hostile environment.

Most public hospitals lack free GAS and the prohibitive cost of GAS in private hospitals appears to be the key reason why some hijras/transgender people go to unqualified medical practitioners for surgery, or undergo Dai Nirvan, a traditional but risky practice within the hijra community of removing male genitalia (Singh et al., 2014). Another qualitative study in Bangalore, utilizing the experiences of eight hijras, revealed a persistent need for sex change and gender change due to perceived discordance between their internal and external identity. Joining a gharana and finding a community of similar people was associated with a sense of well-being (Shivakumar & Yadiyurshetty, 2014). Similarly, unwillingness among qualified medical practitioners to prescribe hormone therapy compels many hijras/trans-people to self-administer hormones, creating even greater physical health risks (Singh et al., 2014).

Health system factors such as limited access and provision of inadequate information to care-seekers also significantly affect the access to services. Lack of privacy and confidentiality, disrespectful and unwelcoming attitude of health staff, and behavioral incompetence when interacting with transgender individuals make transgender individuals reluctant to approach health services (Bowling et al., 2016, 2018; Gupta & Sivakami, 2016; Ortiz, 2016).

Human rights and legal status of transgender in India

India's journey toward transgender human rights has been fraught with both progress and setbacks. In the landmark ruling, *National Legal Services Authority v. Union of India*, 2014, the Supreme Court of India ordered the central and state governments to implement procedures to secure the rights of the transgender community, defining transgender as a "person whose gender identity does not match their biological sex," granting the right to self-identify and own official documents recognizing that identity without having to undergo a medical examination, prohibiting across-the-board discrimination, and providing equal opportunities for the transgender

community within education, housing, employment, and healthcare. Both the Expert Committee's Report and the 2014 Rights of Transgender Persons Private Member Bill expanded that definition to include "persons whose sense of gender identity does not match with the gender assigned at birth," "They express their gender through several identity terms and names," and "Includes trans-men, trans-women, gender-queers, and socio-cultural identities," respectively (Ministry of Social Justice & Empowerment, 2014; *NALSA v. Union of India*, 2014).

Seeking to end discrimination faced by transgender people, the Indian parliament enacted the Transgender Persons (Protection of Rights) Bill (TGP (PR)) 2016. The bill provided a mechanism facilitating legal gender recognition as a "transgender," as opposed to "male," "female," "gender-queer," "gender-neutral," or "other." However, while it cleared an important legal path to gender-confirmation surgery and legal identification as male or female, it has been criticized by many advocacy groups for being inconsistent with the self-identification ruling handed down in *NALSA* and for erecting a complex bureaucratic obstacle course (International Commission of Jurists, 2018).

In 2018, the Indian parliament brought revisions to TGP (PR) 2016, which are both progressive and regressive to the rights of transgender people. While TGP (PR) Bill 2018 expands the definition of transgender to include all groups that identify as gender non-conforming, it also proposes a complicated path to identification documents and requires mandatory GAS for those who identify within the gender binary (male or female). Of great concern is that TGP (PR) 2018 also trivializes crimes against transgender individuals by compressing all crimes against transgender people into one general category and minimizing sentences to "six months to two years" for crimes as heinous as rape and assault but if cisgender victims were involved, it would mandate more punitive sentences (Transgender Persons (Protection of Rights) Bill, 2018, 2016, chapter VIII, offenses and penalties, Section 19, p. 6). The Bill criminalizes "beggary," one of the few income options for transgender individuals, and fails to address government-mandated affirmative action employment and education opportunities. The International Commission of Jurists concluded, "Partly due to recent, progressive judicial pronouncements, India has made progress on transgender rights. However, it has also seen significant setbacks, due to the unwillingness of the legislature and the executive to fully implement the Indian Supreme Court's decision in *National Legal Services Authority vs. Union of India* and others" (Bhagat, 2018; International Commission of Jurists, 2018).

Barriers to proper identification

As per the *NALSA* judgment, transgender individuals are recognized as a third gender and are also allowed to self-identify. The Transgender Persons

Bills 2016 and 2018 echo the same rights. The Transgender Persons Bill 2018 defined "transgender person" to mean a

> person whose gender does not match with the gender assigned to that person at birth and includes trans-man or trans-woman (whether or not such person has undergone Sex Reassignment Surgery or hormone therapy or laser therapy or such other therapy), person with intersex variations, gender-queer, and person having such socio-cultural identities as kinnar, and hijra (found in Northern and Western India), aravani (popular in Southern India), jogtas/jogappa (transgender found in Maharashtra State in Western India and Karnataka State in South India) whose temples are present in Maharashtra and Karnataka), and shiv-shaktis (transman who have feminine gender expressions are popular in Southern India). (Chapter I, Section 2, k. p.2)

Moreover, the Transgender Persons Bill 2018, Chapter IV, section 16, (b) states, "to provide for medical care facility including sex reassignment surgery and hormonal therapy" and (d) states, "in accordance with the World Professional Association for Transgender Health guidelines." However, transgender persons continue to face barriers to obtaining voter identity cards and ration cards, as well as acceptance to educational institutions despite their legal status (Sethi & Barwa, 2018). In 2009, India's Election Commission took the first step by allowing transgender individuals to choose their gender as "other" on ballot forms. Upon the Supreme Court of India's judgment in 2014 regarding recognition of transgender individuals as a third gender, the court directed the government to provide documents, including voter card, passport, and driving license, to transgender people. Following the directive from the Supreme Court, many government documents such as ration cards, voter identity cards, passports, and bank forms began providing "TG" (third gender), "Other," or "T" (transgender) as sex identifiers.

Further, the TGP (PR) Bill 2018 empowered the Certificate of Identity (CID) with the authority to confer rights and proof of recognition of identity as a transgender person. A parent or guardian could apply for the certificate on behalf of a minor child. The TGP (PR) Bill directs the government to establish district screening committees to issue the CID to transgender persons, obtainable by applying to the District Magistrate (TGP (PR) Bill, 2018). Transgender activists oppose the need to be certified by a district screening committee, demanding the right of transgender persons to self-identify. Despite these developments, social acceptance is slow and healthcare services are not responsive to the needs of the transgender community.

Discussion

The results of the scoping review point to several significant gaps in the literature around transgender population health issues. First and most important, most studies included transgender women's health while only one study

included transgender men in the sample. Second, a large number of articles focused on transgender individuals with indigenous gender identities like hijra and kinnars. Exclusive studies on other transgender individuals (transwoman, "transvestite" or transsexual women) were lacking. Third, researchers have focused predominantly on sexual and mental health of transgender. Basic health issues such as communicable and non-communicable diseases, health promotion, and best practices such as gender-affirmative care, were largely ignored in the case reports. We present our perspectives on gender-sensitive healthcare services, policy and legal implications, and implications for improving healthcare services and future research.

Gender-sensitive healthcare services

The availability and accessibility of quality health information, access to gender-sensitive healthcare services, and the eradication of violence related to gender expression are key areas that require sustainable interventions (Thomas et al., 2017; WHO, 2013, 2016).

Despite the legal recognition, access to quality healthcare is alarmingly rare. More concerning is their reduced engagement in health promotion and disease prevention activities especially for general health, chronic illnesses, and gender-transition-specific needs, which make them vulnerable to negative health consequences. Additionally, because of social discrimination and stigma, most transgender people in India have no opportunity for schooling or access to higher education, eventually leading to poor health literacy. Transgender-sensitive health promotion and healthcare services need to be designed and implemented using a person-centered approach and a rights-based perspective. The person-centered approach places the rights, medical needs, and voices of transgender people at the heart of policy and programming (Blondeel et al., 2016).

A rights-based perspective is necessary to address the underlying determinants of health and the public provision of gender-affirming healthcare, and should include training healthcare workers to recognize and respect the human rights of transgender persons, including the rights to dignity, privacy, autonomy, and physical and psychological integrity, and freedom from gender-based violence (WHO, 2016). The need for interventions that ensure the social inclusion of transgender people can never be over-emphasized (Winter et al., 2016). For healthcare professionals to competently care for the transgender population, they must be aware of the unique health concerns affecting transgender people and their history within the healthcare system (Radix & Maingi, 2018).

The health sector needs nondiscriminatory and transgender-friendly policies that allow transgender persons to fully utilize the available services without

reservation. Free or affordable transition services in public hospitals with national guidelines on transgender health services, especially for GAS, are urgently warranted. An implementation of an all-inclusive policy could act as a catalyst for transgender persons to achieve better health. Further, it is essential to educate all healthcare providers, including mental health professionals, on the unique needs of the transgender community, as well as equip providers to employ technically and culturally competent health services. Training and certifying counselors and psychologists to provide gender-affirmative counseling services and creating a database of transgender-friendly preventive mental health professionals would be an important step toward transgender equal rights. At the same time, strengthening the capacity of community-based organizations to provide psychological first-aid by training community members on lay-counseling would support the prevention of mental health morbidities and extend timely referral services. Concerted efforts toward creating social environments in which to curb stigma and the discrimination of transgender individuals, as well as empowering the transgender community with correct health information, available health services, and welfare schemes would positively change the cultural and legal landscape of the transgender life while supporting and enforcing access to equal human and civil rights. Ultimately, as Sam Winter and colleagues suggest in the Lancet series, "action is needed at and across multiple levels and sectors to optimize the provision and uptake of health services for transgender people" (Winter et al., 2016, p. 319).

Policy and legal implications

Economic exclusion leaves transgender individuals dependent on begging, sex work, or insignificant, undignified jobs, and there exist no or limited opportunities for respected employment. Restricted educational opportunities prevent them from access to higher education, which in turn inhibits avenues for economic development. In addition to economic and educational barriers, the prevalent stigma and discrimination and their inherent internalization further prevent access to public health services. Social exclusions also prevent economic opportunities and equal participation in economic development. Moreover, evidence suggests that stigma and discrimination are correlated with poor mental health and suicide. Finally, legal provisions mandate reservations in education and employment, yet those have not effectively translated into practice. While the gap in implementation of legal provisions is evident, appropriate legal measures for self-identification of transgender people, inclusion in national insurance schemes, needs-based health services (especially transitional services and GAS), and reservations in education and employment are necessary.

Healthcare provisions for transgender prisoners. Transgender prisoners face significant discrimination. Structural stigma such as barriers to employment and housing often contribute to transgender individuals participating in illegal economies (e.g. sex work and substance use) to survive, placing them at risk for arrest and incarceration (Clark et al., 2017). Once imprisoned, they are placed in male or female facilities according to their external genitalia at birth, not their gender identity. Transgender prisoners, like all transgender individuals, have unique health needs which require access to physical and mental health services. Some require care in order to physically or medically affirm their gender (i.e. "transition"). The three types of transition include: *social*, *legal*, and *physical/medical* (Redcay & Counselman Carpenter, under review; Redcay et al., under review). Examples of *social transition* include informal name or pronoun change and clothing that matches gender identity. *Legal transition* includes formally and legally changing name and identification (e.g. social security card, birth certificate, insurance documentation, medical paperwork, etc.) (Redcay & Counselman Carpenter, under review). *Physical or medical transition* includes hormone therapy, electrolysis, and "top" or "bottom" (vaginoplasty or phalloplasty) GAS endorsed by WPATH, the American Medical Association, and the American Psychological Association (Redcay & Counselman Carpenter, under review; Redcay et al., under review; Stroumsa, 2014). Article 14 of the Indian Constitution, as well as many other Directive Principles of State Policy, support and promote equal opportunity for all genders to nourish and flourish. Special guidelines for transgender prisoners and the provision of needs-based health services for transgender individuals await attention. The unavailability of up-to-date literature also impedes the authors' understanding of the current situation of transgender prisoners. Policies, laws, regulations, and other structural barriers often interfere with transgender prisoners receiving need-specific healthcare.

Implications for improving healthcare services

The literature review recommends improving healthcare access for transgender patients by creating a welcoming healthcare environment, including implementing transgender-friendly language and policies, ensuring self-identification of transgender individuals, enforcing nondiscrimination policies for both patients and staff, and displaying Human Rights Campaign fliers, signs, posters, or brochures that include images of transgender individuals that demonstrate inclusiveness (Radix & Maingi, 2018). Since healthcare providers from all specialties treat transgender people, the basics of transgender healthcare needs to be addressed at a country level

campaign, as do treatment protocols for transgender individuals and sensitization of medical professionals. The Human Rights Campaign started the Healthcare Equality Index (HEI) in 2007 which has evaluated American healthcare facilities' policies and practices related to the equity and inclusion of their LGBTQ patients, visitors, and employees. Providers can apply to the HEI to be listed as a competent healthcare facilities and social workers can consult the HEI list to locate affirming providers. However, there are no equivalent assessments for medical providers in India.

The 2030 Agenda for Sustainable Development and its commitment toward "leaving no one behind" requires transgender health issues to be addressed comprehensively and universally. Various community-based organizations like Lakshya Trust in Gujarat, Sangama, Samara, Jeeva, Aneka, and the Karnataka Women Development Corporation in Bengaluru, Sahodari in Tamil Nadu, The Humsafar Trust in Maharashtra, and many more actively support and provide tailor-made interventions including healthcare services to transgender persons in India in the form of helpline services, clinical services, information and referral services, legal and advocacy support, drop-in-centers, alternative employment services and financial assistance, soft-skills training, and self-help group formation. Many of these health services need to be scaled up and integrated with the public health system. Some of these services can be recognized as public health extension services.

There is need to prioritize building evidence, evidence-informed policy, rigorous monitoring of policy implementation, and fostering the scale-up of effective actions.

National research priorities should include assessment of the capacity of the public healthcare system to provide adequate primary-, secondary-, and tertiary-level care for transgender individuals, protocols for gender-affirmative care, and inclusion of transgender healthcare in the medical and paramedical education curriculum. Studies should determine knowledge and biases of the healthcare force across the spectrum of healthcare services from primary level to tertiary level care services. Increasing research, through surveys and national health-related datasets, will contribute not only in improving accessibility of healthcare services and healthcare service delivery but also in achieving the country's sustainable development goals.

Limitations of the study

This study had a few limitations. The first limitation of this study is that any article that was not able to be obtained freely via university libraries were not included in this review. Another factor to consider was the use of appropriate terminology for a worldwide audience. We strived to use

terminology that is current and not offensive to all known groups. If there was a term that was offensive in the USA but not in India, then if possible, another term was used. However, if another author or document was cited, we used their terminology that they used regardless of whether that term may be offensive. We ensured that we used quotations each time it was necessary to use a potentially offensive term.

Conclusions

Transgender people experience a high incidence of disease, including mental health and sexual and reproductive health, which are attributable to legal, economic, educational, and social exclusions. The transgender population has special healthcare needs that demand special programs. Transgender-sensitive care must be incorporated into the health system. National research priorities should include rigorous determination of the capacity of the public healthcare system to provide adequate care for transgender individuals. Future studies should propose and validate potential solutions to address identified gaps.

Notes

1. In the USA, the term transvestite was used in the 1970s but is considered offensive now. A better term to describe this would be cross-dressing or a cross-dresser.
2. Sex-reassignment surgery has fallen out of favor in the USA. The best expression to describe this is gender affirmation surgery.

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